



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 142200001

CITY OR TOWN WEST TISBURY

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: HICKLIN-JONES LLC

DOING BUSINESS AS LAMBERT'S COVE INN & RESTAURANT

ADDRESS 90 MANAQUAYAK ROAD

CITY/TOWN: WEST TISBURY

STATE: MA

ZIP CODE: 02575

MANAGER: JONES, SCOTT J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

LAMBERT'S COVE INN IS A 70 SEAT RESTAURANT WHICH HAS BEEN IN BUSINESS SINCE 1970 ON MARTHA'S VINEYARD, UNDER CURRENT OWNERSHIP SINCE 2005. THE RESTAURANT IS LOCATED WITHIN THE INN. THERE IS ONE MAIN ENTRANCE TO THE RESTAURANT THROUGH THE FOYER AND THREE EXITS, ONE IN THE MAIN DINING ROOM, THE LIBRARY DINING ROOM AND ONE PRIVATE DINING ROOM TALLING APPROX. 2,000 SQ.FT., THE AREA TO BE LICENSED INCLUDES THE KITCHEN AND BASEMENT WHERE BEER AND WINE WILL BE STORED AND COMMON AREAS WHICH MAY BE OPEN DURING PRIVATE FUNCTIONS WHEN THE RESTAURANT IS CLOSED TO THE GENERAL PUBLIC.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

